nder the Pape	ATENT APP	RECORD (ss it displays a valid OMP control number. Application of Docker Number					
		Substitute	for Form PTC	J-013					
CLAIMS AS FILED – PART I (Column 1) (Column 2)				SMALL ENTITY		OR	OTHER SMALL	N (C)	
FOR		NUMBER FILED		R EXTRA	RATE	FEE		RATE	FEE
ASIC FEE 7 CFR 1.16(a))		. /	1			s	OR		s
TAL CLAIMS 7 CFR 1.16(c))		minus 20 =	= \		x \$ =		OR	x \$=	
DEPENDENT	CLAIMS	11/	minus 3 = '		x \$ =		OR	x \$=	
ULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(4))					+ \$ =		OR	+ s =	
If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL	. W	OR	TOTAL	
the difference				۷.	101/12		1	•	
	CLAIMS AS	AMENDED -	PART II				OR	OTHER	THAN
	(Column 1		(Column 2)	(Column 3)	SMALL E	NTITY) 1	SMALL	ENTITY
;	CLAIMS REMAINII AFTER AMENDME	NG	HIGHEST NUMBER PREVIOUSLY PAID OR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16	1. 17	Minus		- /	x \$ =		OR	x s=	
Independe	11 · · · · ·	Minus		=	x \$ =		OR	x s=	
<u> </u>		I TIPLE DEPENDEN	NT CLAIM 137 CF	R 2 16(d))	+s =		OR	+ 5 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 16(d))					TOTAL		OR	TOTAL AOD'L FEE	
)	<i>ــ</i>	ADD'L FER		J ~	7	
т	(Column CLAIMS		(Column 2) HIGHEST	(Column 3)			7		455
Total (37 CFR 1.1 Independe (37 CFR 1.1	REMAINII AFTER AMENDMI	NG ?	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total (37 CFR 1.1		Minus	**	=	x s=		OR	_x s=	
Independe (37 CFR 1.1	nt S(b))	Minus	***	=	x s=		OR	x s=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$=		OR	+ \$=		
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	L
	(Column		(Column 2)	(Column 3)					
ار	CLAIM REMAINI	S	HIGHEST NUMBER	PRESENT	RATE	ADDI-		RATE	ADDI-
1	AFTER	₹	PREVIOUSLY PAID FOR	EXTRA	1	TIONAL FEE			TIONAI FEE
Tota (37 CFR 1.1) Independed (37 CFR 1.1)		Minus	**	=	x \$=		OR	x s=	
Independe	ent *	Minus	***	=	x s=		OR	x s=	
EIDST OF	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ s =		OR	+ \$ =	
I INST FF		3	, , ,		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	try in column 1 is k		. i.e. a alicema 2 . ve	-te "O" in polymo		L	」 ○		

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.